POLICIES AND PROCEDURES

HIV Treatment and Care Planning Committee

Utah Department of Health
Bureau of Communicable Disease Control
HIV/AIDS Treatment and Care Program

February 2004

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THE UTAH RYAN WHITE TITLE II HIV TREATMENT AND CARE PLANNING COMMITTEE BYLAWS

SECTION 1 DEFINITIONS

As used in these Bylaws, the following terms whenever used shall have the meanings set forth following the term:

1.1 **Advisory Council** – "Advisory Council" shall mean the Statewide HIV Advisory Planning Council that provides education, evaluation and networking to the HIV Treatment and Care Planning Committee and the HIV Prevention Community Planning Committee. The Advisory Council will be a non-voting body.

1.2 **Advocate** - "Advocate" shall mean a person who advocates on behalf of populations infected with and affected by HIV/AIDS.

1.3 **Bylaws** - "Bylaws" shall mean these bylaws of the Committee and all amendments to them.

1.4 **Co-chairs** - "Co-Chairs" shall mean the chairperson(s) of the Committee.

1.5 **Committee** - "Committee" shall mean the Utah Ryan White Title II HIV Treatment and Care Planning Committee, a Utah non-profit unincorporated association, established pursuant to the Ryan White CARE Act.

1.6 **Consumer** - "Consumer" shall mean a person living with HIV or a family member who receives services under the Ryan White Title II Programs.

1.7 **Facilitator** - "Facilitator" shall mean an individual, not a Member, who is unbiased toward the process, helps Members to communicate effectively and manage conflict respectfully, guides the Committee in using tools needed to solve problems and make decisions, helps Members avoid judging ideas before they are adequately considered, focuses more on group process than on contributing or evaluating ideas, and assists the Co-Chairs in keeping discussions on track, making sure everyone is heard and checking for unresolved concerns.

1.8 **Fiscal Year** - The "Fiscal Year" shall mean a year running from April through March.

1.9 **Government Agency** - "Government Agency" shall mean a government agency established through legislation by federal or state law that receives state or federal funds to operate programs.

1.10 **HRSA** - "HRSA" stands for Health Resource and Services Administration. HRSA is the agency of the U.S. Department of Health and Human Services that is responsible for administering the Ryan White CARE Act.

1.11 **Member** - "Member" shall mean a member of the Committee.

1.12 **Officer** - "Officer" shall mean an officer of the Committee appointed pursuant to Section 5 of these Bylaws.

1.13 **Ryan White CARE Act** - The "Ryan White CARE Act" shall mean the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Public Law 101-381 (42 U.S.C. 300ff and following), as amended.

Deleted: 1.1 **Administrative Agency** - "Administrative Agency" shall mean the organization designated by the Utah Department of Health to administer the Supportive Services Program of the Ryan White CARE Act in Utah.¶

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1.14 **Ryan White Title II Grantee** - "Ryan White Title II Grantee" refers to the recipient of the CARE Act funds responsible for administering the funds. The recipient of Title II funds in Utah is the Utah Department of Health.

1.15 **Ryan White Title II Programs** - "Ryan White Title II Programs" shall mean: (1) the AIDS Drug Assistance Program (ADAP) which also includes the ADAP Private Insurance Co-Pay Program, (2) the Health Insurance Continuation Program which includes High Risk Pool (HIP) and Health Insurance Continuation (COBRA), and (3) the Supportive Services Program.

1.16 **Secretary** - "Secretary" shall mean the secretary of the Committee, and shall include any assistant secretary or any other person authorized by the Committee to perform the duties of the Secretary.

1.17 **Service Provider** - "Service Provider" shall mean a person or agency who provides services pursuant to Title II of the Ryan White CARE Act.

1.18 **Sub-Committee** - "Sub-Committee" shall mean a sub-committee of the Committee authorized to exercise the powers of the Committee pursuant to Section 7 of these Bylaws.

1.19 **Title II Comprehensive HIV/AIDS Care and Services Plan** - "The Comprehensive Plan" shall mean the Title II Comprehensive HIV/AIDS Care and Services Plan developed and approved annually by the Committee.

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SECTION 2 NAME

The name of this organization is the Utah Ryan White Title II HIV Treatment and Care Planning Committee, a Utah non-profit unincorporated association.

SECTION 3 MISSION AND PURPOSE

3.1 **Vision**
The vision of the Committee is to ensure the delivery of quality treatment and care in a manner that assures dignity for people affected by HIV disease.

3.2 **Guiding Principles**
The Committee will strive to create a plan that will commit resources to:

1. Serving the under-served
2. Ensuring access to treatment and supportive care
3. Adapting to changes in the health care system
4. Documenting outcomes/results and evaluation

3.3 **Target Population**
The target populations of the Committee is people affected by HIV disease who are underserved, uninsured or under-insured.

3.4 **Mission**
The mission of the Committee is to provide community perspectives, advice and recommendations to create a plan for a comprehensive, client-centered continuum of care for people affected by HIV disease. The Comprehensive Plan will be based on identified needs and available resources.

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3.5 **Purpose**

The purpose of the Committee is to develop the Comprehensive Plan. In developing the Comprehensive Plan the Committee shall attempt to (a) improve and enhance community participation in Statewide HIV planning; b) maximize resources and reduce duplication of efforts for treatment and care planning and evaluation; and c) look at all treatment and care services which includes, but is not limited to: Ryan White Title II programs, Housing Opportunities for People With AIDS, Medicaid, and Ryan White Title III.

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3.6 **Duration**
The Committee shall exist for the duration of funding under the Ryan White CARE Act to the State of Utah.

SECTION 4 ROLES AND RESPONSIBILITIES

4.1 Ryan White Title II Grantee (Utah Department of Health)

The Grantee will be responsible for the following:

(A) Provide oversight and administration of the Ryan White Title II Programs to ensure compliance with government requirements.

(B) Provide assistance as necessary to the Committee, and Service Providers to improve and maintain an effective, quality continuum of services to Consumers.

(C) Assist in the development of the Comprehensive Plan by developing relationships with other Government Agencies that provide services to Consumers. These include Substance Abuse, Mental Health, Maternal and Child Health, Medicaid, and Housing Opportunities for People with AIDS.

(D) Communicate information from government agencies to the Committee and vice versa.

(E) Write and submit the Ryan White CARE Act applications required by HRSA.

(F) Write and submit the Ryan White CARE Act reports and statistical information required by HRSA.

(G) Ensure that service needs are addressed through the coordination and expansion of existing resources before new programs are created.

(H) Conduct annual statewide needs assessment and evaluation activities to help provide information relevant to the Committee's planning process

(I) Sponsor public meetings and hearings regarding the development and implementation of the Comprehensive Plan.

(J) Provide administrative and logistical support for Committee activities.

(K) Provide information and assistance to Members to ensure completion of the Committee's mission.

(L) Administer and manage Ryan White Title II programs and funds; monitor Service Provider performance; provide technical assistance.

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4.2 Utah HIV Treatment and Care Planning Committee

The Committee will be responsible for the following:

(A) Review data and information provided to the Committee, including:
1. Needs assessment results (primary and secondary data),
2. Epidemiological profiles,
3. Co-morbidity data,
4. Resource inventory,
5. Evaluation of client service results,
6. Client utilization data, and
7. Statewide Coordinated Statement of Need (SCSN).

(B) Assure the provision of comprehensive services to Consumers and assess periodically the quality and effectiveness of the services provided to Consumers.

(C) Promote the development, coordination and integration of community resources in providing services to Consumers. Assess and evaluate existing community resources to determine the community's capacity to respond to the needs of special populations.

(D) With the assistance of the Utah Department of Health and in consultation with interested members of the community, the Committee will develop the Statewide Coordinated Statement of Need (SCSN) every three years as required by law.

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(E) Set service priorities using a published and documented priority-setting process based on available information.

(F) Develop the Comprehensive Plan annually as required by law. The Comprehensive Plan should demonstrate the following:
1. Coordination and integration of community resources,
2. Consultation with all public health entities and other entities providing HIV-related health care in the state, all community based AIDS service providers and with organizations which have a history of serving children, youth, women and families with HIV,
3. Include provisions for the needs of special populations, and
4. Include a specific plan for services for individuals in rural areas, which assures access to a continuum of care through case management services.

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(G) Periodically assess its own performance in the development of the Title II Comprehensive HIV/AIDS Care and Services Plan.

(H) Receive reports from sub-Committees, review and make recommendations for approval.

(I) As appropriate, the Committee will provide information about the planning process and decisions to interested organizations and persons and solicit their feedback.

4.3 **Committee Members**

Members of the Committee will be responsible for the following:

(A) Provide perspectives, experience and expertise to the planning process.

(B) Participate in public forums and hearings sponsored by the Utah Department of Health.

(C) Be knowledgeable on all programs provided for Consumers, including but not limited to:

1. Ryan White Title II Programs,
2. Housing Opportunities for People with AIDS,
3. Medicaid, and

4. Ryan White Title III Programs.

(D) Recruit new members.

4.4 **Statewide HIV Advisory Planning Council**

(A) The Members of the HIV Treatment and Care Planning Committee will be members of the Advisory Council.

(B) The Co-Chairs of the HIV Treatment and Care Planning Committee will be Officers of the Advisory Council.

(C) The membership terms of the Advisory Council members will be concurrent with their Committee membership terms.

SECTION 5 OFFICERS

5.1 **Officers**

The officers of the Committee shall consist of three Co-Chairs and a Secretary (a non-voting position).

5.2 **Secretary**

The Secretary shall be a person appointed by the Utah Department of Health.

5.3 **Co-Chairs**

The Co-Chairs shall provide effective leadership to the Committee; develop "next steps" and agendas for meetings; identify problems and facilitate resolution of problems; assist the Committee in implementing the Bylaws; and conduct meetings of the Committee (act as, or assist facilitator, as appropriate). One co-chair shall be appointed by the Utah Department of Health, the other two Co-Chairs shall be elected by the Committee. The Co-Chairs will be voting members of the Committee.

SECTION 6 MEMBERS

6.1 **Powers and Duties**

The Members shall conduct the business and affairs of the Committee and shall exercise their powers in accordance with the provisions of the Ryan White CARE Act and these Bylaws.

6.2 **Standard of Care**

(A) **In General** - Each Member shall perform the duties of a Member in good faith, in the manner such Member believes to be in the best interest of the Committee, and with such care as a person in a like position would under similar circumstances, including making reasonable inquiry when the circumstances indicate the need for such inquiry, and using ordinary prudence.

(B) **Reliance on Others** - A Member may rely on information, opinions, reports, or statements prepared or presented by a person whom the Member believes to be reliable and competent in the matters presented, including:

(1) An officer;
(2) Counsel or an independent accountant; or
(3) A Sub-Committee on which the Member does not serve, as to matters within the Committee's authority.

6.3 **Number and Qualification of Members**

(A) **Number** - Membership shall consist of members from a broad representation of the HIV community.

(B) **Qualification** - Members of the Committee shall include:
(1) Consumers;
(2) Service Providers;
(3) Advocates/other interested parties; and
(4) Government Agencies.
Ten to fifteen percent of the Members shall represent rural areas.

(C) **Selection and Appointment of Members** - The Membership Sub-Committee shall nominate persons to serve as Members of the Committee. It shall be the Membership Sub-Committee's responsibility to bring in outside input when nominating and selecting Members for the committee. Nominated Members shall:
(1) Have experience with group process;
(2) Be representative of the HIV community;
(3) Have sensitivity to cultural and social diversity; and
(4) Have paid or voluntary work experience/knowledge of HIV/AIDS.

(D) **Membership Category** – A member should use his/her best efforts to represent the category in which they were appointed.

(E) **Alternate Members** - The Committee shall have the option of selecting alternate members to sit on the Committee. If applicable, these individuals shall attend all meetings, obtain all relevant information and participate in the planning process. If a Member of the Committee resigns or is removed, the alternate shall be elected onto the Committee.

6.4 **Dues**
No membership dues or fees are required for membership in the Committee.

6.5 **Term of Office**
Members shall serve a two-year term. Members may serve for multiple terms.

6.6 **Vacancies**
Vacancies will be filled with an alternate Member or another person from the same representative group.

6.7 **Resignation**
A Member may resign from the Committee by delivering a written notice of resignation to the Co-Chairs of the Committee. The resignation shall become effective upon delivery, unless the notice specifies a later time for the resignation to become effective.

6.8 **Removal**
The Committee shall have the right to remove a member for good cause shown. Any concerns or complaints regarding a member will be submitted to the Membership Committee in writing. They will meet with the Member to discuss the problem raised for a rapid resolution. If it is not resolved, it will be addressed through the Grievance Procedure. Their findings will be presented to the full committee. A two-thirds majority of members present is required for removal. Automatic removal results when a Member misses three or more meetings without notifying the Secretary or sending a proxy during the Member's term of office.

6.9 **Proxies**
A Member may designate a proxy to attend and vote at a meeting in his or her absence. The Member is responsible for briefing the proxy on current issues under review, as well as the roles,

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responsibilities, and other norms the Committee may have adopted. Another Member may not serve as a proxy for an absent Member. Members are encouraged to designate a proxy for an entire meeting, or for part of the meeting if they cannot attend the entire meeting.

6.10 **Voting**

Each Member shall have one vote at a meeting, exercisable only if the Member or his or her proxy is present at the meeting. Co-Chairs shall be voting Members of the Committee.

6.11 **Lobbying**

Members shall not advocate the adoption or passage of any legislation on behalf of the Committee. Members shall not participate in any manner in any political campaign on behalf of any candidate for public office on behalf of the Committee.

SECTION 7 SUB-COMMITTEES

7.1 **Sub-Committees**

(A) **Creation** - The Committee may create such standing and ad hoc Sub-Committees, as it deems necessary and advisable to accomplish the mission and goals of the Committee.

(B) **Members** - A Sub-Committee shall be comprised of two or more Members of the Committee, except that non-members of the Committee may serve as non-voting members of a Sub-Committee. Each Sub-Committee shall make every effort to ensure diversity of membership on the Sub-Committee.

(C) **Reports** - Each Sub-Committee shall submit reports of its activities to the Committee for review and approval.

(D) **Meetings** - The provisions of Section 8 of these Bylaws shall govern meetings held and actions taken by a Sub-Committee, with such changes in the context of those provisions as are necessary to substitute the Sub-Committee and its members for the Committee and its members.

SECTION 8 MEETINGS OF THE COMMITTEE

8.1 **Attendance**

Each Member is required to attend all meetings or send a proxy in his or her absence. For extenuating circumstances, which prohibit a Member from attending or sending a proxy, the Member should notify the Secretary of the absence. The Co-Chairs will be responsible for contacting absent Members for follow-up. The Co-Chairs will also be responsible for bringing attendance problems to the Membership Sub-Committee. If a person has three or more un-excused absences during a membership term, they are subject to removal according to Section 6.8. This can occur when a Member misses meetings without notifying the secretary or sending a proxy. In case of an emergency, a Member should notify the secretary within 24 hours of the meeting of his or her absence.

8.2 **Place of Meetings**

(A) **Regular Meetings** - The Committee may hold regular meetings at any place within or outside the State of Utah designated by the Committee. In the absence of such designation, the Committee shall hold regular meetings at the principal office of the Committee.

(B) **Special Meetings** - The Committee may hold special meetings at any place within or outside the State of Utah specified in the notice of the Meeting. If the notice does not

specify a place or if there is no notice, the Committee shall hold special meetings at the principal office of the Committee.

8.3 **Call, Date and Time of Meetings**

(A) **Regular Meetings** - The Committee may hold regular meetings without call at any time designated by the Committee.

(B) **Persons Who May Call Special Meetings** - The following persons may call a special meeting of the Committee for any purpose at any time: a Co-Chair or Members representing more than 20% of the membership of the Committee.

8.4 **Notice Requirement**

(A) **Regular Meetings** - The Committee may hold regular meetings without notice, if the Committee has fixed the time and place of such meetings; or the Secretary has given notice of a change in the time or place of such meetings to all Members.

(B) **Change in Time or Place of Regular Meetings** - The Secretary shall give notice of a change in the time or place of regular meetings of the Committee to each Member in accordance with the provisions of Section 8.5 of these Bylaws.

(C) **Special Meetings** - The Secretary shall give notice of a special meeting in accordance with the provisions of Section 8.5 of these Bylaws.

8.5 **Manner of Giving Notice**

(A) **Delivery** - If notice of a meeting is required, the Secretary shall give notice in the following manner:

(1) By depositing the notice in the United States mail at least forty-eight (48) hours prior to the date of the meeting;

(2) By delivering the notice by facsimile transmission or other electronic means of transmission at least forty-eight (48) hours prior to the time of the meeting; or

(3) By delivering the notice personally or by telephone at least forty-eight (48) hours prior to the time of the meeting either to the Member directly or to another person at the office of the Member who the Secretary believes will promptly communicate the notice to the Member.

(B) **Contents of Notice** - If a notice of a meeting is required, the notice shall specify the time, place and purpose of the meeting.

8.6 **Waiver of Notice**

(A) **Validity of Meeting Held Without Notice** - The transactions of any meeting of the Committee, however called or noticed, or wherever held, shall be as valid as though transacted at a meeting duly called, noticed and convened if:

(1) A quorum is present; and

(2) Each Member not present, either before or after the meeting, signs a waiver of notice, a consent to the holding of the meeting, or an approval of the minutes of the meeting.

(B) **When Attendance Constitutes Waiver of Notice** - If a Member attends a meeting and does not object at the beginning of the meeting to the transaction of business because the meeting was not duly called, noticed or convened, such attendance shall also constitute a waiver of notice.

8.7 **Quorum**

(A) **Quorum** - The presence in person of a majority of the actual number of Members or their proxies shall constitute a quorum for the transaction of business.

(B) **Effect of Withdrawal of Members** - The Members present at a meeting at which a quorum was initially present may continue to transact business until adjournment, even if enough Members withdraw to leave less than a quorum, if a majority of the quorum required for that meeting approves any action taken (other than adjournment).

8.8 **Transactions at Meetings**

(A) **Convening of Meeting** – One of the Co-Chairs shall call the meeting to order and conduct at the meeting. In the absence of all of the Co-Chairs, the Committee shall elect a chairperson to conduct at the meeting.

(B) **Agenda** - The agenda will be decided by the Co-Chairs with input from the Committee. The Committee may transact any business that may properly be brought at any regular or special meeting.

(C) **Ground Rules** – The Committee shall establish ground rules on an annual basis.

8.9 **Adjournment**

(A) **Adjournment** - A majority of the Members present at a meeting, though less than a quorum, may adjourn the meeting to another time or place.

(B) **Notice** - The Secretary shall give notice of the time and place of the holding of an adjourned meeting, if the meeting is adjourned for twenty-four (24) hours or more in accordance with the provisions of Section 8.5 of these Bylaws.

8.10 **Actions of the Committee**

(A) **At a Meeting** - Every action taken by a majority of the Members present at a meeting duly called, noticed and held at which a quorum is present shall constitute the valid action of the Committee.

(B) **Special Majorities** - The Committee may establish service priorities and allocate resources to service priorities by a two-thirds majority of the number of members present.

(C) **Actions of the Committee Without Meeting** - The Committee may take any action without a meeting with the same force and effect as if taken at a meeting, if all Members, individually or collectively, sign in writing a consent to such action and deliver it to the Secretary.

8.11 **Open to the Public**

Meetings will be open to public attendance. If members of the public have input regarding an agenda item, they may be allowed to participate. Public comment not related to agenda items will only be allowed if prior notice has been given and/or if approval has been given by a Co-Chair.

8.12 **Conflict of Interest**

(A) **Conflict of Interest** - A conflict of interest occurs when a Member has a direct or indirect financial interest in or relationship (including, but not limited to an owner, shareholder, board member, officer, employee, volunteer, consultant, or creditor) to a business, organization, program, or other entity, and that business, organization, program, or other entity will be affected directly or indirectly by an action taken by the Committee. By way of example, a conflict of interest can occur with any action taken by the Committee with respect to the setting of priorities among service categories or the allocation of resources to service categories.

(B) **Status as a Person Receiving Services** - A Member who does not otherwise have a conflict of interest does not have a conflict of interest because he or she receives services through Ryan White Title II Programs.

(C) **Disclosure of Conflict of Interest** - Each Member has a responsibility to disclose any conflict of interest to the Committee. Each Member shall identify and disclose all conflicts of interest as defined above by completing a Conflict of Interest Disclosure form upon appointment to the Committee, annually, or as required by a material change in the Member's relationship to a business, organization, program, or other entity that would be affected directly or indirectly by an action taken by the Committee. The Secretary shall provide a summary of all conflicts that Members have to the Committee annually.

(D) **Voting** - Neither a Member nor a Member's proxy may vote on any matter when a conflict of interest exists.

SECTION 9 CONFIDENTIALITY

Members will protect the privacy of other Members. Members are free to discuss the content of the meeting while preserving the privacy of Members.

SECTION 10 MISCELLANEOUS

10.1 **Compensation**
Members of the Committee shall not be compensated for their services. A stipend to cover travel and meal expenses may be allowed for Members who live outside of Salt Lake County in accordance with State of Utah reimbursement policies and rates. Under special circumstances, the Utah Department of Health will reimburse individuals for travel within Salt Lake County.

10.2 **Books and Records**
The Utah Department of Health shall keep minutes of all proceedings of the Committee and such other books and records as may be required for the proper conduct of its business and affairs.

10.3 **Amendments**
These Bylaws may be amended at any regular or special meeting of the Committee. Written notice of the proposed Bylaws change shall be mailed or delivered to each Member at least seven days before the date of the meeting. Amendments to the Bylaws require a two-thirds majority of the number of members present.

10.4 **Dissolution**
The Committee has been formed to assist the Utah Department of Health in the treatment and care planning process. The Committee will continue in existence as long as there is need for its mission to be accomplished.

THE UTAH RYAN WHITE TITLE II HIV TREATMENT AND CARE PLANNING COMMITTEE POLICIES AND PROCEDURES

A. Mission

The Treatment and Care Planning Committee provides community perspectives, advice and recommendations to create a plan for a client-centered continuum of care for people affected by HIV disease. The Comprehensive Plan will be based on identified needs and available resources.

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To fulfill this mission, the Committee will strive to create a plan that will commit resources to: 1) serving the under-served; 2) ensuring access to treatment and supportive care; 3) adapting to changes in the health care system; and 4) documenting outcomes/results and evaluation.

The purpose of the Committee is to develop the Title II Comprehensive HIV/AIDS Care and Services Plan (the Comprehensive Plan). In developing the Comprehensive Plan the Committee shall attempt to (a) improve and enhance community participation in Statewide HIV planning; b) maximize resources and reduce duplication of efforts for treatment and care planning and evaluation; and c) look at all treatment and care services which includes, but is not limited to: Ryan White Title II programs (see Appendix A), Housing Opportunities for People With AIDS, Medicaid, and Ryan White Title III.

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To accomplish this purpose, the Committee will strive to follow the principles and criteria outlined in Appendix B when prioritizing service categories or allocating resources to service categories. A glossary of HIV-related Service Categories can be found in Appendix C.

B. Membership

Membership of the Committee shall consist of up to 35 members from a broad representation of the HIV community, as specified in Appendix D.

Members of the Committee shall include:

- Thirty-five percent Consumers (12 members);
- Thirty-five percent Service Providers (12 members);
- Eighteen percent Advocates/other interested parties (7 members); and
- Twelve percent Government Agencies (4 members).
- Ten to fifteen percent of the Members shall represent rural areas.

Interested applicants are asked to fill out an application (see Appendix E) and submit it to the Committee secretary by a specified date.

C. Co-Chairs

The Co-Chairs shall provide effective leadership to the Committee; develop “next steps” and agendas for meetings; identify problems and facilitate resolution of problems; assist the Committee in implementing the Bylaws; and conduct meetings of the Committee (act as, or assist facilitator, as appropriate). One co-chair shall be appointed by the Utah Department of Health, the other two Co-Chairs shall be elected by the Committee. The Co-Chairs will be voting members of the Committee. (Bylaws, Section 5.3)

The two Co-Chairs elected by the Committee will serve a term of two years and will alternate their 2-year terms every other year. The Committee will always have a veteran co-chair as a new co-chair is elected.

D. Ground Rules

- Be on Time, especially after breaks.
- Practice courtesy and respectful engagement.
- Please don't interrupt person talking.
- One person speaks at a time.
- Please hold side conversations outside meeting room.
- No personal or agency attacks will be allowed.
- Try not to repeat a point that has already been made.
- Everyone here is equally important to this process and everyone's perspective is of value.
- We are here to represent the entire State of Utah, not just our own areas or agencies.
- Identify acronyms.
- Always respect confidentiality.
- Turn cell phones off or put on a quiet mode during meeting; use only outside of meeting room.

E. Declaring Conflict of Interest

At the first meeting of each year, the members are asked to complete a Conflict of Interest Disclosure Form (Appendix F). When important decision-making or voting procedures are required, the secretary will make a summary table available to each member identifying each member's conflict of interest (if any). Members are expected to update these forms as conflicts change. They should let the secretary know of such changes as soon as possible.

F. Subcommittees and Ad Hoc Committees

The HIV Treatment and Care Planning Committee uses the following:

(1) Sub-Committees (Appendix G), which have a permanent or ongoing function; and
(2) Ad Hoc Committees, which are formed when a specific need arises, and are disbanded when the work is completed.

G. Dispute Resolution/Conflict Management

In extraordinary cases, disputes may not be able to be resolved through the regular conducting of Committee business. The purpose of these procedures is to address these extraordinary occasions.

Grievances may be filed against a member(s) of the HIV Treatment and Care Planning Committee.

Grievances against a member(s) of the Committee may be filed by the following:

- Current members of the HIV Treatment and Care Planning Committee. The grievant must have had an active membership status when the occurrence took place.
- To participate in bringing a grievance, a minor (person under the age of 18) must be represented by his or her parent, foster parent, or legal guardian.

A member who has a grievance filed against them and (a) is a member of the Executive Committee or (b) is a member of the Ad Hoc Grievance Committee must excuse themselves from any meeting and/or decision-making process associated with that particular grievance. Additionally, a grievant who (a) is a member of the Executive Committee or (b) is a member of the Ad Hoc Grievance Committee must also excuse themselves from any meeting and/or decision-making process associated with the grievance they have filed.

Determination of Grievability:

The following questions will be asked upon receiving a Statement of Grievance from a Grievant:

- Is the occurrence grievable?
  Example: A deviation from the established Bylaws and/or Policies and Procedures document would be a grievable occurrence. A complaint against an independent provider by a consumer member would not.
- Is the grieving party eligible to bring a grievance against a committee member?
- Is the Statement of Grievance form complete and was it received within the required time?

It should be noted that while a grieving party may have legal counsel throughout this process, legal and attorney fees are entirely the responsibility of the grieving party.

To file a grievance, one must use the Grievance Procedure Levels as follows:

Level 1

The Level 1 contact persons are the Co-Chairs for the HIV Treatment & Care Planning Committee. They will address committee member complaints and suggestions.

(1) The grievant must complete and submit in writing the Level 1 Statement of Grievance form (Appendix H) within fifteen (15) working days of the alleged occurrence.

(2) The occurrence must be described in detail and should include dates and names if known.
   a. The grievant should retain a copy for their records.
   b. Mail the Level 1 Statement of Grievance form to:
      Executive Committee – c/o Rachel Reynolds
      Bureau of Communicable Disease Control
      HIV Treatment and Care Program
      288 North 1460 West
      Box 142105
      Salt Lake City, UT 84114-2105

(3) The grievant will receive a response by mail in writing as well as a telephone call within fifteen (15) working days of receiving the grievance.

(4) If the grievant is not satisfied with the response, they must file a Level 2 Statement of Grievance within fifteen (15) working days of receiving their response.

Level 2

The Level 2 Statement of Grievance will go to an Ad Hoc committee appointed by the HIV Treatment and Care Committee.

(5) The Level 2 Statement of Grievance Form (Appendix I) can be obtained from the Level 1 contact persons.
   a. The grievant must complete this form in writing within fifteen (15) working days of receiving their Level 1 response.
   b. A copy of the Level 1 Grievance Statement and Level 1 response **must** be attached to the Level 2 Statement of Grievance.
   c. Mail all documentation to:
      Ad Hoc Grievance Committee – c/o Rachel Reynolds
      Bureau of Communicable Disease Control
      HIV Treatment and Care Program
      288 North 1460 West
      Box 142105
      Salt Lake City, UT 84114-2105

(6) The Ad Hoc committee shall respond to the grievant's Level 2 complaint in writing within fifteen (15) working days to the grievant.

(7) The Ad Hoc committee and the grievant will attempt to work together in order to resolve the grievance.

(8) If the grievant is not satisfied with the response, they may file the Level 3 Statement of Grievance within a mandatory fifteen (15) day working period.

Level 3

The **final level of appeal** is Level 3. The Bureau Director of the Bureau of Communicable Disease Control will review the Level 3 appeal.

(9) The Level 3 Statement of Grievance Form (Appendix J) can be obtained from the Level 2 Contact persons.

a. The grievant must complete this form in writing within fifteen (15) working days of receiving their response for the Level 2 appeal.
b. The grievant **must** attach copies of the Level 1 and Level 2 Statements of Grievance and their Level 1 and Level 2 responses for the Level 3 appeal. The grievance will not be accepted if this documentation is not attached.
c. The Level 3 Contact person will not accept the request for appeal if the client has failed to work with the Level 2 contact person.
d. Mail these document to:

Teresa Garrett
Bureau of Communicable Disease Control
288 North 1460 West
Box 142105
Salt Lake City, UT 84114-2105

(10) The Bureau Director shall respond to the grievant's Level 3 complaint in writing within fifteen (15) working days to the grievant.

(11) The Bureau Director may elect to meet with the grievant and all other individuals involved.

Appendix A

RYAN WHITE TITLE II PROGRAMS: The CARE Act is intended to help communities and states make it easier for those affected by HIV to get health care and supportive services. For more information about these programs and other HIV-related services, please call the Treatment and Care Program at (801) 538-6197.

THE AIDS DRUG ASSISTANCE PROGRAM

AIDS DRUG ASSISTANCE PROGRAM (ADAP):
The AIDS Drug Assistance Program (ADAP) can help you pay for all or part of your HIV medications if you meet the program requirements.

- You must have HIV/AIDS;
- Your income must be low;
- You must be below a certain asset level (you can own a car and a home);
- You cannot be on Medicaid or have any other public or private health insurance;
- You must live in Utah.

ADAP PRIVATE INSURANCE CO-PAY PROGRAM:
The ADAP Private Insurance Co-pay Program can pay your co-pays for HIV-medications if you have private insurance, but can't afford to pay for them yourself.

- You must have HIV/AIDS;
- Your income must be low;
- You must be below a certain asset level (you can own a car and a home);
- You cannot be on Medicaid;
- You must live in Utah.

THE HEALTH INSURANCE ASSISTANCE PROGRAM

HEALTH INSURANCE CONTINUATION (COBRA):
The Treatment and Care Program can pay your COBRA payments if you meet the program requirements.

- You must have HIV/AIDS;
- You have your own health insurance plan or are a dependant covered under your family member's plan;
- You must be low income;
- You must be below a certain asset level (you can own a car and a home);
- You cannot be on Medicaid;
- You must be on HIV medications;
- You must live in Utah;
- Your health insurance plan must cover HIV-related costs and HIV-related medications when you do not stay in the hospital;
- You have not been turned down for health insurance coverage for HIV/AIDS services under your health insurance plan;
- You may have to change to a single health plan form a family health plan;
- You must tell your employer of COBRA election within 60 days of losing your job.

HIGH RISK INSURANCE POOL (HIP):
The Treatment and Care Program can pay your insurance payments, co-pays, and deductibles if you meet the program requirements.

- You must have HIV/AIDS;
- Your income must be low;

- You must be below a certain asset level (you can own a car and a home);
- You cannot be on Medicaid or have any other public or private health insurance;
- You must be on HIV medications;
- You must live in Utah;
- You must be accepted to the High Risk Insurance Pool offered by Regence Blue Cross/Blue Shield.

THE SUPPORTIVE SERVICES PROGRAM

SUPPORTIVE SERVICES

The following services are available under the Supportive Services Program:

- Case Management
- Dental Services
- Eye Exams and Glasses
- Nutrition Services
- Food Voucher Certificates
- Mental Health Counseling*
- Substance Abuse Services
- Home Health Care
- Transportation Services
- Legal Services*

* If you are a family member of a person living with HIV/AIDS, you may be able to use these services.

(For a complete glossary and definition of Supportive Services please refer to Appendix C.)

The Treatment and Care Program can pay for supportive services if you meet these requirements:

- You must have HIV/AIDS;
- Your must be low income;
- You must be below a certain asset level (you can own a car and a home);
- The services you need are not covered by any other public or private program;
- You must live in Utah.

*** The Ryan White CARE Act is the payer of last resort ***

Appendix B

Steps in Priority Setting and Resource Allocation*:

PRINCIPLES

values to guide the decision making process

1. Services must be responsive to the epidemiology of HIV in this service area.
2. Services should be culturally appropriate.
3. Services should focus on the needs of low-income, underserved, and severe needs populations.
4. Equitable access to services should be provided across geographic areas and subpopulations.
5. Services should meet established standards of care and be of demonstrated quality and effectiveness.
6. Decisions must be based on documented needs.
7. Decisions are expected to address overall needs within the service area, not narrow advocacy concerns.
8. Quality, cost and outcome effectiveness of services.
9. Balance between ongoing service needs and emerging needs, reflecting the changing local epidemiology of HIV.
10. **The CARE Act will be considered the funder of last resort.**
11. **The CARE Act will not be able to meet all identified needs.**

CRITERIA

standards to be used in decision making

1. Essential to the health and well being of the client.
2. Keeps people in medical care or directs them to care. (Consistent with the continuum of care and its underlying priorities)
3. Meets a documented need or fills an identified service gap. (Based on the epidemiology of the local epidemic, service needs specified in the needs assessment, and other structured sources of information)
4. Consumer preferences or demand. (Including preferences for particular service interventions for particular populations, especially those with severe need)
5. **Lack of other funds: resources form other sources are not available to meet this service need.**
6. **Cost-benefit: the service provides a high level of benefit for PLWHs relative to its cost.**

*** Items in bold are only added during the Resource Allocation Process.**

Appendix C

2004 GLOSSARY OF HIV-RELATED SERVICE CATEGORIES

Health Care Services

Ambulatory/Outpatient Medical Care. Provision of professional, diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient, community-based, and/or office-based setting. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care.
Primary Medical Care for the Treatment of HIV Infection includes the provision of care that is consistent with Public Health Service guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Drug Reimbursement Program. Ongoing service/program to pay for approved pharmaceuticals and or medications for persons with no other payment source. Subcategories include:

a. **State-Administered AIDS Drug Assistance Program (ADAP)**. Title II CARE Act-funded and administered program or other state-funded Drug Reimbursement Program.
b. **Medications** include prescription drugs provided through ADAP to prolong life or prevent the deterioration of health. The definition *does not include* medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit. If medications are paid for and dispensed as part of an *Emergency Financial Assistance Program*, they should be reported as such.

Health Insurance. A program of financial assistance for eligible individuals with HIV disease to maintain a continuity of health insurance or to receive medical benefits under a health-insurance program, including risk pools.

Home Health Care. Therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home-health agency in a home/residential setting in accordance with a written, individualized plan of care established by a case-management team that includes appropriate health-care professionals. Component services include:

- Durable medical equipment
- Homemaker or home-health aide services and personal care services
- Day treatment or other partial hospitalization services
- Intravenous and aerosolized drug therapy, including related prescription drugs
- Routine diagnostic testing administered in the home of the individual
- Appropriate mental health, developmental, and rehabilitation services

Home- and community-based care does not include inpatient hospital services or nursing home and other long-term care facilities.

Oral Health. Diagnostic, prophylactic, and therapeutic services rendered by dentists, dental hygienists, and similar professional practitioners.

Mental Health Services. Psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental-health professional who is licensed or authorized within the State, including psychiatrists, psychologists, clinical-nurse specialists, social workers, and counselors.

Nutritional Counseling. Provision of nutrition education and/or counseling provided by a licensed/registered dietitian outside of a primary care visit. Nutritional Counseling provided by other than a licensed/registered dietician should be provided under *Psychosocial support services*. Provision of food, meals, or nutritional supplements should be reported as a part of the subcategory, *Food and/Home-Delivered Meals/Nutritional Supplements*, under Support Services.

Substance Abuse Services. Provision of treatment and/or counseling to address substance-abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient or residential health service setting.

Treatment Adherence Services. Provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments.

Support Services

Case Management. A range of client-centered services that links clients with primary medical care, psychosocial and other services to insure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case-management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, individualized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services.

Early Intervention Services (EIS). Counseling, testing, and referral services to PLWH who know their status but are not in primary medical care or who are recently diagnosed and are not in primary medical care for the purpose of facilitating access to HIV-related health services.

Emergency Financial Assistance. Provision of short-term payments for transportation, food, essential utilities, or medication assistance, which planning councils, Title II grantees, and consortia may allocate. These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time. Expenditures must be reported under the relevant service category.

Food Bank/Home Delivered Meals/Nutritional Supplements. Provision of food, meals, or nutritional supplements.

Health Education/Risk Reduction. (1) Provision of information, including the dissemination about medical and psychosocial support services and counseling or (2) preparation/distribution of materials in the context of medical and psychosocial support services to educate clients with HIV about methods to reduce the spread of HIV.

Housing Services:

- **Short-Term Housing**: This assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of Titles I, II and IV funds for short-term or emergency housing must be linked to medical and/or health-care services or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.

- **Housing Related Services**. Includes assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, State and Federal housing programs and how they can be accessed.

Legal Services. Legal services directly necessitated by a person's HIV status including: preparation of Powers of Attorney, Do Not Resuscitate Orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act. Legal Services also includes:

- **Permanency Planning:** The provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and the preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- **Child Welfare Services**. Assistance in placing children younger than 20 in temporary (foster care) or permanent (adoption) homes because their parents have died or are unable to care for them due to HIV-related illness.

Outreach Services. Programs which have as their principal purpose identifying people with HIV disease, particularly those who know their HIV status so that they may become aware of and may be enrolled in ongoing HIV primary care and treatment. Outreach activities must be planned and delivered in coordination with State and local HIV-prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes. Activities must be conducted in such a manner as to reach those known to have delayed seeking care. Outreach services should be continually reviewed and evaluated in order to maximize the probability of reaching individuals who do not know their HIV status or know their HIV status but are not actively in treatment. Broad activities that market the availability of health-care services for PLWH are not considered appropriate Title I outreach services.

Transportation. Conveyance services provided to a client in order to access primary medical care or psychosocial support services. May be provided routinely or on an emergency basis.

Other Support Services. Direct support services not listed above, such as vision, translation/ interpretation services, etc.

Appendix D

TREATMENT AND CARE PLANNING COMMITTEE
CRITERIA FOR MEMBERSHIP

Membership shall represent the diversity of those affected by the HIV epidemic.
Membership shall include 31 members from a broad representation including but not limited to the following:

CONSUMERS – 32%
(10 members)

HIV+ gay male
HIV+ ethnic
HIV+ prior substance abuse
HIV+ female/male
HIV+ youth
HIV+ AIDS Drug Assistance, Health Insurance, Home Health Program users

GOVERNMENT AGENCIES – 13%
(4 members)

Title II Grantee *
Title III Grantee *
Title V Grantee
Medicaid *

* There must be one representative from each of these categories.

SERVICE PROVIDERS – 32%
(10 members)

Vision
Medical
Dental
Substance Abuse
Mental Health
Home Health Care
Nutrition
Case Management
AIDS Service Organization
Legal
Complementary Therapies

ADVOCATES/OTHER INTERESTED PARTIES – 23% (7 members)

Religious
Maternal and Child Health
Local Health District/Department
Business
Prison/Jail
Legislative Policy Maker
Gay/Lesbian Organization
Special Population
Ethic Representative
Rural Representation
Family of People living with HIV/AIDS

Rural representation shall comprise 10% to 15% of the overall representation.

Members will be selected according to the following:

- Based on the above categories;
- Able to work with group processes (group decision making, group discussion, wise usage of group time, etc.); and
- Able to commit time to the process (six to eight hours monthly).

Appendix E

HIV TREATMENT AND CARE PLANNING COMMITTEE and HIV PREVENTION COMMUNITY PLANNING COMMITTEE NOMINATION FORM 2003-04

Please check only one:
Treatment and Care Committee **Community Planning Committee** **Either**

Please fill in nominee's name and pertinent information below:
NAME: _____
ORGANIZATION: _____
ADDRESS: _____ PHONE: _____
(please include city & zip code)
E-MAIL: _____ FAX: _____

Please check only one:
Provider Consumer Government Agency Advocate/Other Interested Party

Please discuss with nominee and list the following information:
(a) Community affiliation:
_____
_____
_____
(b) Paid or voluntary work experiences/knowledge of HIV/AIDS:
_____
_____
_____
(c) Experience with group processes:
_____
_____
_____
(d) Sensitivity to cultural and social diversity:
_____
_____
_____
(e) Any other information that would assist in determining whether this person meets the established criteria for membership on this committee:
_____
_____
_____

Are you representing rural Utah? Yes No
Please stress to nominee that attendance is absolutely critical.

*** NOMINATION FORMS ARE DUE BY AUGUST 31, 2003 ***

PLEASE MAIL, PHONE OR FAX YOUR REPLY TO:

RACHEL REYNOLDS
E-MAIL: rachelreynolds@utah.gov
PHONE: (801) 538-6096 FAX: (801) 538-9913
MAIL: Utah Department of Health
Bureau of Communicable Disease Control
Box 142105
Salt Lake City, Utah 84114-2105

LYNN MEINOR
E-MAIL: lmeinor@utah.gov
PHONE: (801) 538-6096 FAX: (801) 538-9913
MAIL: Utah Department of Health
Bureau of Communicable Disease Control
Box 142105
Salt Lake City, Utah 84114-2105

Appendix F

UTAH RYAN WHITE TITLE II
HIV TREATMENT AND CARE PLANNING COMMITTEE
CONFLICT OF INTEREST DISCLOSURE FORM
(2003-04 COMMITTEE)

The Ryan White Title II Treatment and Care Planning Committee has members who are professionally or personally affiliated with organizations that have received, or may request or receive funds authorized under Title II of the Ryan White CARE Act. Because of the potential for conflict of interest, this Disclosure Form has been adopted by the Treatment and Care Planning Committee and must be completed by all current members and candidates for membership of the Committee.

By my signature below, I certify that:

- ⇨ I have received, read, and understand and will abide by Section Eight (8), Number Twelve (12) of the Committee's Bylaws and

- ⇨ (Please check all that apply and fill in the pertinent information):

  ☐ I am serving (or have served within the past twelve months) in a staff, consultant, officer, board member, or advisor capacity with the following organization(s) that receives, has received or plans to seek funding under Title II of the Ryan White CARE Act of 1990:

  Organization: _____
  Title of Position: _____
  Period of Affiliation: _____

  ☐ A member of my family is serving (or has served within the past twelve months) in a staff, consultant, officer, board member or advisor capacity with the following organization(s) that receives, or plans to seek funding under Title II of the Ryan White CARE Act:

  Name of Family Member: _____
  Relationship: _____
  Organization: _____
  Title of Position: _____
  Period of Affiliation: _____

  ☐ I am a consumer of services that receives funding under Title II of the Ryan White CARE Act:

  Services received: _____

  ☐ I currently have no conflict of interest with this committee.

(Please use back of this page if additional room is needed)

Committee Member (Print your name): _____

Signature: _____

Date: _____

Appendix G

HIV Treatment & Care Planning Subcommittees

Needs Assessment Sub-Committee

The duties and responsibilities of the Needs Assessment Sub-Committee include the following:

(A) Determine the characteristics and trends of the Utah HIV epidemic;
(B) Plan and participate in an annual public forum in conjunction with the Utah Department of Health;
(C) Conduct an assessment of service needs;
(D) Review gaps in services identified by the Utah Statewide Coordinated Statement of Need (SCSN);
(E) Determine current and projected service needs;
(F) Determine the resources (including providers, services and funding) that are available to meet projected needs;
(G) Establish service standards and protocols; and
(H) Assess the effectiveness of current services provided to consumers.

Membership Sub-Committee

The duties and responsibilities of the Membership Sub-Committee include the following:

(A) Identify service categories that need to be represented on the Committee;
(B) Adopt a membership plan that addresses inclusiveness, diversity, and recruitment and selection of new Members;
(C) Review and approve applicants for Committee membership. The Membership Sub-Committee will resolve issues and removal. If they are unable to agree on resolution, the issue will be referred to the Committee;
(D) Orient new Members;
(E) Provide training for current Members;
(F) Take action to sustain Member commitment and prevent burnout;
(G) Review current Members for compliance with membership requirements and recommend removal of Members who fail to comply; and
(H) Mediate disputes between Members (A member of the Membership Sub-Committee who is involved in any dispute referred to the sub-Committee may not participate in or vote on any issue related to that dispute). In extraordinary cases, disputes may not be able to be resolved through the Membership Sub-Committee. The purpose of the Grievance Procedure is to address these extraordinary cases.

Policies and Procedures Sub-Committee

The duties and responsibilities of the Policies and Procedures Sub-Committee include the following:

(A) Draft bylaws and policies and procedures that meet the needs of Members, promote full participation and high levels of productivity, and create a comfortable atmosphere that is inviting to new Members;
(B) Assure that the bylaws and the policies and procedures include;
- Clearly defined roles and responsibilities
- Provisions that are as simple as possible and available to all Members in writing
- Clear definitions of all operating concepts

(C) Draft ground rules for all meetings of the Committee; and
(D) Review the bylaws, the policies and procedures, and ground rules from time to time and recommend appropriate amendments.

Resource Allocation and Evaluation Sub-Committee

The duties and responsibilities of the Resource Allocation and Evaluation Sub-Committee include the following:

(A) Advise the UDOH Treatment and Care Program on resource allocation issues on Ryan White Title II Programs;
(B) Review the allocation process on a semi-annual basis to monitor that resources are allocated consistent with the Title II Comprehensive HIV/AIDS Care and Services Plan; and

(C) Make budgetary recommendations to the Committee for review and approval.

Quality Improvement Sub-Committee

The duties and responsibilities of the Quality Improvement Sub-Committee include the following:
(A) Establish and implement the Treatment and Care Quality Improvement Program;
(B) Develop the Quality Improvement Plan;
(C) Review and document the quality and effectiveness of Treatment and Care services;
(D) Develop quality improvement policies and procedures as needed;
(E) Annually evaluate the effectiveness of the program;
(F) Communicate quality improvement activities to the Treatment and Care Planning Committee;
(G) Maintain documentation of all sub-committee proceedings; and
(H) Ensure confidentiality of patient and provider information collected, reviewed, acted upon, or reported by the sub-committee.

Goals and Objectives Sub-Committee

The duties and responsibilities of the Goals and Objectives Sub-Committee include the following:
(A) Draft the goals and accompanying objectives that meet the needs of each of the following Ryan White programs:
- AIDS Drug Assistance Program
- Home Health Care Program
- Health Insurance Continuation program
- Supportive Services Program
- Administration/Planning and Evaluation/Quality Management

(B) Compare goals and objectives to the changing trends in the epidemic and the changing needs of clients and make revisions as needed.

Comprehensive Plan Sub-Committee

The duties and responsibilities of the Comprehensive Plan Sub-Committee include the following:
(A) Review and update the Comprehensive Plan at the end of each calendar year.
(B) Monitor trends and changes in the Epidemiological Profile, SCSN, Needs Assessment, Gap Analysis, and other resources.

ADAP (AIDS Drug Assistance Program) Sub-Committee

The duties and responsibilities of the ADAP Sub-Committee shall include the following:
(A) Make recommendations to the UDOH regarding ADAP policies to ensure that people living with HIV/AIDS in Utah have access to AIDS related medication;
(B) Make recommendations to the UDOH regarding HIP (High Risk Insurance Pool) policies; and
(C) Make recommendations as to eligibility requirements, drug formulary and cost containment for ADAP and HIP.

Appendix H

Utah Ryan White Title II
HIV Treatment and Care Planning Committee
Level 1 Statement of Grievance Form

To file a Level 1 Statement of Grievance with the Utah Ryan White Title II HIV Treatment and Care Planning Committee, this form must be completed, submitted, and received by the Utah Department of Health, Bureau of Communicable Disease Control within fifteen (15) days of the date of the alleged occurrence. Grievants will be contacted within fifteen (15) working days of the receipt of this form by a Co-Chair from the Committee.

When completed, submit this grievance form to:

Executive Committee – c/o Rachel Reynolds
Bureau of Communicable Disease Control
HIV Treatment and Care Program
Box 142105
Salt Lake City, UT 84114-2105

NAME OF GRIEVANT(S):_____
ADDRESS: _____
WORK PHONE NUMBER: _____
HOME PHONE NUMBER: _____

Date of alleged occurrence from established policy: _____

Which policy was allegedly deviated from? _____

Describe in detail the alleged occurrence: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____(continue on other side if needed)

Please include any paperwork that would be helpful in the decision-making.

Signature of Grievant: _____ Date: _____

Appendix I

Utah Ryan White Title II
HIV Treatment and Care Planning Committee
Level 2 Statement of Grievance Form

To file a Level 2 Statement of Grievance with the Utah Ryan White Title II HIV Treatment and Care Planning Committee, this form must be completed, submitted, and received by the Utah Department of Health, Bureau of Communicable Disease Control within fifteen (15) days of receiving a Level 1 response. Grievants will be contacted within fifteen (15) working days of the receipt of this form by the Bureau Director.

When completed, submit this grievance form to:

Ad Hoc Grievance Committee – c/o Rachel Reynolds
Bureau of Communicable Disease Control
HIV Treatment and Care Program
Box 142105
Salt Lake City, UT 84114-2105

NAME OF GRIEVANT(S):_____
ADDRESS: _____
WORK PHONE NUMBER: _____
HOME PHONE NUMBER: _____

Please note: "Level 1 Statement of Grievance" and "Level 1 Response" must be attached.

Summary of why grievant disagrees with the Level 1 response: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____(continue on other side if needed)

Signature of Grievant: _____ Date: _____

Appendix J

Utah Ryan White Title II
HIV Treatment and Care Planning Committee
Level 3 Statement of Grievance Form

To file a Level 3 Statement of Grievance with the Utah Ryan White Title II HIV Treatment and Care Planning Committee, this form must be completed, submitted, and received by the Utah Department of Health, Bureau of Communicable Disease Control within fifteen (15) days of receiving a Level 2 response. Grievants will be contacted within fifteen (15) working days of the receipt of this form by a member of the Ad Hoc Grievance Committee.

When completed, submit this grievance form to:

Teresa Garrett, Bureau Director
Bureau of Communicable Disease Control
Box 142105
Salt Lake City, UT 84114-2105

NAME OF GRIEVANT(S):_____
ADDRESS: _____
WORK PHONE NUMBER: _____
HOME PHONE NUMBER: _____

Please note: "Level 1"and the "Level 2 Statements of Grievance" and "Level 1" and "Level 2 Responses" must be attached.

Summary of why grievant disagrees with the Level 1 and Level 2 responses: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____(continue on other side if needed)

I, _____, request a Level 3 appeal to resolve a grievance, which occurred
(name)
on _____. The Level 1 response I received on _____ was
(date) (date)
unacceptable. The Level 2 response I received on _____ was also unacceptable.
(date)

I understand that Level 3 is my last level of appeal.

Signature of Grievant: _____ Date: _____

Glossary of Terms/Acronyms

ADAP	AIDS Drug Assistance Program
Committee	refers to the HIV Treatment and Care Planning Committee
HIP	High Risk Insurance Pool
HOPWA	Housing Opportunities for People Living With AIDS
HRSA	Health Resources and Services Administration
PLWH/A	Person Living With HIV/AIDS
Ryan White CARE Act	Ryan White Comprehensive AIDS Resources Emergency Act
SCSN	Statewide Coordinated Statement of Need
UDOH	Utah Department of Health